

KKO  
F. #2017R01840

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

- - - - - X

UNITED STATES OF AMERICA

**CERTIFICATE OF SERVICE**

- against -

Criminal Docket No. 18-204 (S-2) (NGG)

KEITH RANIERE, *et al.*

Defendants.

- - - - - X

I, Elizabeth Valeriane, hereby certify that on July 22, 2019, I caused to be served Notices of Forfeiture, copies of the Preliminary Orders of Forfeiture and copies of the Amended Orders of Forfeiture, pursuant to 21 U.S.C. § 853(n)(1) in the above-captioned action, by Certified Mail Return Receipt Requested, (attached hereto) upon:

Kathy Russell  
c/o Justine Harris, Esq.  
Sher Tremonte LLP  
90 Broad Street, 23rd Floor  
New York, New York 10004

Lauren Salzman  
c/o Hector Diaz, Esq.  
Quarles & Brady, LLP  
2 North Central Avenue  
Phoenix, Arizona 85004

Allison Mack  
c/o William McGovern, Esq.  
Kobre & Kim LLP  
800 Third Avenue, Floor 6  
New York, New York 10022

Clare Bronfman  
c/o Kathleen Cassidy, Esq.  
Hafetz & Necheles LLP  
10 E 40th St, 48th Floor  
New York, New York 10016

Keith Ranieri  
c/o Marc Agnifilo, Esq.  
Brafman & Associates  
767 Third Avenue  
New York, New York 10017

Sara Bronfman  
c/o Lester E. Lipschutz, Esq.  
Cozen O'Connor  
One Liberty Place  
1650 Market Street, Suite 2800  
Philadelphia, Pennsylvania 19103

Keith Ranieri - 57005-177  
MDC Brooklyn  
METROPOLITAN DETENTION CENTER  
P.O. Box 329002  
Brooklyn, New York 11232

Fifth Third Mortgage Company  
5001 Kingsley Drive  
MD: 1MOCBQ  
Cincinnati, Ohio 45227

I, Elizabeth Valeriane, further certify that on August 13, 2019, I caused to be served Notices of Forfeiture, copies of the Preliminary Orders of Forfeiture and copies of the Amended Orders of Forfeiture, pursuant to 21 U.S.C. § 853(n)(1) in the above-captioned action, by Certified Mail Return Receipt Requested, (attached hereto) upon:

NXIVM  
c/o Michael Sullivan, Esq.  
Ashcroft Law Firm  
200 State Street, 7th Floor  
Boston, Massachusetts 02109

Dated: Brooklyn, New York  
August 21, 2019

/s/ Elizabeth Valeriane  
Elizabeth Valeriane  
FSA, Law Clerk

**U.S. Department of Justice***United States Attorney  
Eastern District of New York*KKO  
F. #2017R01840*271 Cadman Plaza East  
Brooklyn, New York 11201*

July 22, 2019

By Certified Mail/Return Receipt RequestedKathy Russell  
c/o Justine Harris, Esq.  
Sher Tremonte LLP  
90 Broad Street, 23rd Floor  
New York, New York 10004**NOTICE OF FORFEITURE TO POTENTIAL THIRD PARTY CLAIMANTS**Re: *United States v. Keith Raniere et al,*  
Criminal Docket No. 18-204 (NGG) (EDNY)

## To Whom It May Concern:

You may have a legal interest in one or more assets which the United States District Court for the Eastern District of New York has ordered to be forfeited to the United States. The enclosed Preliminary Orders of Forfeiture and Amended Preliminary Orders of Forfeiture (the "Preliminary Orders") more specifically describe the property subject to forfeiture (the "Subject Properties") and the procedure for filing a claim to property in which you may have a legal, right, title or interest. By your receipt of this letter, you are given actual notice of the forfeiture of the Subject Properties. Neither the defendants, nor their agents, are entitled to file a claim to any of the Subject Properties identified in their respective Preliminary Orders.

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Assistant U.S. Attorney Karin Orenstein  
United States Attorney's Office  
Eastern District of New York  
271-A Cadman Plaza East  
Brooklyn, New York 11201

If you have any questions regarding the above matter or need additional assistance please feel free to contact the undersigned.

Very truly yours,

RICHARD P. DONOGHUE  
United States Attorney

By:

  
Karin Orenstein  
Assistant U.S. Attorney  
(718) 254-6188

Enclosure: Preliminary Orders of Forfeiture  
Amended Preliminary Orders of Forfeiture





U.S. Department of Justice

United States Attorney  
Eastern District of New York

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271 Cadman Plaza East  
Brooklyn, New York 11201

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Allison Mack  
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Kobre & Kim LLP  
800 Third Avenue, Floor 6  
New York, New York 10022

**NOTICE OF FORFEITURE TO POTENTIAL THIRD PARTY CLAIMANTS**

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United States Attorney's Office  
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U.S. Department of Justice

United States Attorney  
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**U.S. Department of Justice**

*United States Attorney  
Eastern District of New York*

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F. #2017R01840

*271 Cadman Plaza East  
Brooklyn, New York 11201*

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Clare Bronfman  
c/o Kathleen Cassidy, Esq.  
Hafetz & Necheles LLP  
10 E 40th St, 48th Floor  
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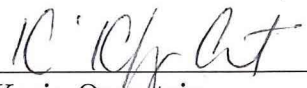
Assistant U.S. Attorney Karin Orenstein  
United States Attorney's Office  
Eastern District of New York  
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(718) 254-6188

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U.S. Department of Justice

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Keith Raniere  
c/o Marc Agnifilo, Esq.  
Brafman & Associates  
767 Third Avenue  
New York, New York 10017

Keith Raniere - 57005-177  
MDC Brooklyn  
METROPOLITAN DETENTION CENTER  
P.O. Box 329002  
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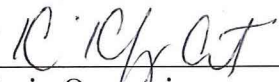
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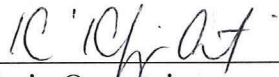
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Sara Bronfman  
c/o Lester E. Lipschutz, Esq.  
Cozen O'Connor  
One Liberty Place  
1650 Market Street, Suite 2800  
Philadelphia, Pennsylvania 19103

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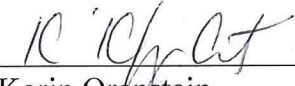
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Cincinnati, Ohio 45227

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NXIVM  
c/o Michael Sullivan, Esq.  
Ashcroft Law Firm  
200 State Street, 7<sup>th</sup> Floor  
Boston, Massachusetts 02109

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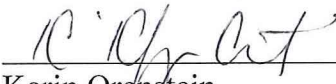
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Amended Preliminary Orders of Forfeiture



| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Kathy Russell<br/>c/o Justine Harris, Esq.<br/>Sher Tremonte LLP<br/>90 Broad Street, 23rd Floor<br/>New York, New York 10004</p> <p>9590 9402 3406 7227 8038 02</p> <p>2. Article Number (Transfer from service label)<br/>7003 0500 0002 4773 5339</p> | <p>A. Signature<br/>X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery<br/>7-30-19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)<br/> <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Lauren Salzman<br/>c/o Hector Diaz, Esq.<br/>Quarles &amp; Brady, LLP<br/>2 North Central Avenue<br/>Phoenix, Arizona 85004</p> <p>9590 9402 5067 9092 8288 73</p> <p>2. Article Number (Transfer from service label)<br/>7003 0500 0002 4773 5360</p> | <p>A. Signature<br/>X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery<br/>Male Evans</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)<br/> <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Allison Mack<br/>c/o William McGovern, Esq.<br/>Kobre &amp; Kim LLP<br/>800 Third Avenue, Floor 6<br/>New York, New York 10022</p> <p>9590 9402 5067 9092 8285 21</p> <p>2. Article Number (Transfer from service label)<br/>7003 0500 0002 4773 5353</p> | <p>A. Signature<br/>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)<br/> <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Tracking Number: 70030500000247735353

Status

**Delivered**

July 29, 2019 at 3:48 pm  
Delivered, Front Desk/Reception/Mail Room  
NEW YORK, NY 10022

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Delivered

10588

| SENDER: COMPLETE THIS SECTION   |  | COMPLETE THIS SECTION ON DELIVERY  |  |
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| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature<br/><b>X</b></p> <p><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</p>  |  |
| <p>1. Article Addressed to:</p> <p>Clare Bronfman<br/>c/o Kathleen Cassidy, Esq.<br/>Hafetz &amp; Necheles LLP<br/>10 E 40th St, 48th Floor<br/>New York, New York 10016</p>  |  | <p>B. Received by (Printed Name)<br/>C. Date of Delivery</p>   |  |
| <p>2. Article Number (Transfer from service label)<br/><b>7003 0500 0002 4773 5414</b></p>  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>   |  | <p>3. Service Type<br/><input type="checkbox"/> Adult Signature<br/><input type="checkbox"/> Adult Signature Restricted Delivery<br/><input type="checkbox"/> Certified Mail®<br/><input type="checkbox"/> Certified Mail Restricted Delivery<br/><input type="checkbox"/> Collect on Delivery<br/><input type="checkbox"/> Collect on Delivery Restricted Delivery<br/><input type="checkbox"/> Insured Mail<br/><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |  |

Tracking Number: 7003050000247735414

## Status

**Delivered**

July 25, 2019 at 12:51 pm  
Delivered, Front Desk/Reception/Mail Room  
NEW YORK, NY 10016

Get Updates

Delivered

| SENDER: COMPLETE THIS SECTION   |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature<br/><b>X</b> <i>Sabrina Hamilton</i></p> <p><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</p>  |  |
| <p>1. Article Addressed to:</p> <p>Keith Raniere<br/>c/o Marc Agnifilo, Esq.<br/>Brafman &amp; Associates<br/>767 Third Avenue<br/>New York, New York 10017</p>   |  | <p>B. Received by (Printed Name)<br/><i>Sabrina Hamilton</i><br/>C. Date of Delivery<br/><i>7/25/19</i></p>  |  |
| <p>2. Article Number (Transfer from service label)<br/><b>7003 0500 0002 4773 5421</b></p>  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>   |  | <p>3. Service Type<br/><input type="checkbox"/> Adult Signature<br/><input type="checkbox"/> Adult Signature Restricted Delivery<br/><input type="checkbox"/> Certified Mail®<br/><input type="checkbox"/> Certified Mail Restricted Delivery<br/><input type="checkbox"/> Collect on Delivery<br/><input type="checkbox"/> Collect on Delivery Restricted Delivery<br/><input type="checkbox"/> Insured Mail<br/><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |  |

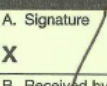
Domestic Return Receipt

| SENDER: COMPLETE THIS SECTION   |  | COMPLETE THIS SECTION ON DELIVERY  |  |
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| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature<br/><b>X</b> <i>Keith Raniere</i></p> <p><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</p>   |  |
| <p>1. Article Addressed to:</p> <p>Keith Raniere - 57005-177<br/>MDC Brooklyn<br/>METROPOLITAN DETENTION CENTER<br/>P.O. Box 329002<br/>Brooklyn, New York 11232</p>  |  | <p>B. Received by (Printed Name)<br/><i>Keith Raniere</i><br/>C. Date of Delivery</p>  |  |
| <p>2. Article Number (Transfer from service label)<br/><b>7003 0500 0002 4773 5438</b></p>  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>   |  | <p>3. Service Type<br/><input type="checkbox"/> Adult Signature<br/><input type="checkbox"/> Adult Signature Restricted Delivery<br/><input type="checkbox"/> Certified Mail®<br/><input type="checkbox"/> Certified Mail Restricted Delivery<br/><input type="checkbox"/> Collect on Delivery<br/><input type="checkbox"/> Collect on Delivery Restricted Delivery<br/><input type="checkbox"/> Insured Mail<br/><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |  |

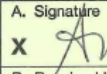
Domestic Return Receipt



10589

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
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| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/>X </p> <p><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>   |
| <p>1. Article Addressed to:</p> <p>Sara Bronfman<br/>c/o Lester E. Lipschutz, Esq.<br/>Cozen O'Connor<br/>One Liberty Place<br/>1650 Market Street, Suite 2800<br/>Philadelphia, Pennsylvania 19103</p> <p>9590 9402 5067 9092 8280 88</p>                         | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>7003 0500 0002 4773 18447</p>  |   |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt   |   |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
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| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/>X </p> <p><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>   |
| <p>1. Article Addressed to:</p> <p>Fifth Third Mortgage Company<br/>5001 Kingsley Drive,<br/>MD: 1MOCBQ<br/>Cincinnati, Ohio 45227</p> <p>9590 9402 5067 9092 8280 64</p>  | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>7003 0500 0002 4773 5445</p>   |   |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt   |   |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
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| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/>X </p> <p><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>   |
| <p>1. Article Addressed to:</p> <p>NXIVM<br/>c/o Michael Sullivan, Esq.<br/>Ashcroft Law Firm<br/>200 State Street, 7th Floor<br/>Boston, Massachusetts 02109</p> <p>9590 9402 5067 9092 9693 16</p>   | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>7003 0500 0002 4773 5476</p>   |   |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt   |   |